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### Acquired Cardiovascular Disease (ACD)

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<td>This propensity-matched study compared clinical and echocardiographic outcomes of patients undergoing transcatheter aortic valve implantation versus minimally invasive sutureless aortic valve replacement. Both strategies showed good clinical outcomes; however, a lower incidence of paravalvular leakage was recorded in the sutureless group, leading to a better midterm outcome.</td>
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<td>Effect of severe left ventricular systolic dysfunction on hospital outcome after transcatheter aortic valve implantation or surgical aortic valve replacement: Results from a propensity-matched population of the Italian OBSERVANT multicenter study</td>
<td>Francesco Onorati, MD, PhD, Paola D’Errigo, MSc, Claudio Grossi, MD, Marco Barbanti, MD, Marco Ranucci, MD, Daniel Remo Covello, MD, Stefano Rosato, MSc, Alice Maraschini, MSc, Gennaro Santoro, MD, Corrado Tamburino, MD, Fulvia Seccareccia, MSc, Francesco Santini, MD, and Lorenzo Mencicanti, MD, on behalf of the OBSERVANT Research Group, Verona, Rome, Cuneo, Catania, Milan, Florence, and Genoa, Italy</td>
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<td>The hospital outcome of 162 propensity-matched patients with SLVSD undergoing TAVI or AVR was investigated. The hospital mortality and morbidity were comparable, except for a greater incidence of pacemaker implantation after TAVI and the need for transfusions after AVR. TAVI and AVR achieved comparable hospital outcomes in patients with SLVSD.</td>
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(continued on page 12A)
Tricuspid regurgitation or Ebsteinoid dysplasia of the tricuspid valve in congenitally corrected transposition: Is valvuloplasty necessary at anatomic repair?
Patrick O. Myers, MD, Victor Bautista-Hernandez, MD, Christopher W. Baird, MD, Siiaram M. Emani, MD, Gerald R. Marx, MD, and Pedro J. del Nido, MD, Boston, Mass, and Geneva, Switzerland

Patients with ccTGA can present with TR and Ebsteinoid dysplasia of the tricuspid valve. Tricuspid valve function significantly improved after anatomic repair, independent of direct surgical intervention. For significant TR associated with Ebsteinoid dysplasia, valvuloplasty should be considered.

Impact of concurrent surgical valve procedures in patients receiving continuous-flow devices
Ranjit John, MD, Yoshifumi Naka, MD, Soon J. Park, MD, Chittoor Sai-Sudhakar, MD, Christopher Salerno, MD, Kartik S. Sundareswaran, PhD, David J. Farrar, PhD, and Carmelo A. Milano, MD, Minneapolis and Rochester, Minn; New York, NY; Columbus, Ohio; Indianapolis, Ind; Pleasanton, Calif; and Durham, NC

Patients frequently require concurrent valve procedures at the time of LVAD placement. Further studies to develop selection criteria for concurrent valve interventions are important to further improve clinical outcomes.

The St Jude Medical Trifecta aortic pericardial valve: Results from a global, multicenter, prospective clinical study
Joseph E. Bavaria, MD, Nimesh D. Desai, MD, PhD, Anson Cheung, MD, Michael R. Petracek, MD, Mark A. Groh, MD, Michael A. Borger, MD, and Hartzell V. Schaff, MD, Philadelphia, Pa; Nashville, Tenn; Vancouver, British Columbia, Canada; Asheville, NC; Leipzig, Germany; and Rochester, Minn

The St Jude Medical Inc (St Paul, Minn) Trifecta valve is a novel aortic valve pericardial prosthesis that was was implanted in 1014 eligible patients at 31 centers. This study demonstrates the safety and efficacy of this new bioprosthetic, which has excellent hemodynamics.

Prognostic predictors in pericardiectomy for chronic constrictive pericarditis
Se Hun Kang, MD, Jong-Min Song, MD, PhD, Minsoo Kim, MD, Suk Jung Choo, MD, PhD, Cheol Hyun Chung, MD, PhD, Duk-Hyun Kang, MD, PhD, and Jae-Kwan Song, MD, PhD, Seoul, Korea

To investigate the preoperative prognostic factors after pericardiectomy in patients with chronic CP, we evaluated preoperative clinical and imaging characteristics of 85 consecutive patients with chronic CP who underwent pericardiectomy. Preoperative high E velocity and diabetes mellitus were predictors of poor prognosis after pericardiectomy in these patients.
Impact of European Society of Cardiology and European Association for Cardiothoracic Surgery Guidelines on Myocardial Revascularization on the activity of percutaneous coronary intervention and coronary artery bypass graft surgery for stable coronary artery disease

Martin T. Yates, MRCS, Gopal K. R. Soppa, MRCS, Oswaldo Valencia, MD, Sion Jones, MRCS, Sami Firoozi, FRCP, and Marjan Jahangiri, FRCS(CTh), London, United Kingdom

The European Society of Cardiology and European Association for Cardiothoracic Surgery Guidelines on Myocardial Revascularization were published in 2010 to provide a joint consensus on revascularization therapy for patients with stable coronary artery disease. A significant number of patients with severe coronary artery disease are still not receiving treatment according to the guidelines.

Identical tricuspid ring sizing in simultaneous functional tricuspid and mitral valve repair: A simple and effective strategy

Lynn C. Huffman, MD, Jennifer S. Nelson, MD, April N. Lehman, BS, Marguerite C. Krajacic, RN, BSN, and Steven F. Bolling, MD, Ann Arbor, Mich

Mitral valve repair with concomitant tricuspid valve repair for functional regurgitation is common. An identical sizing strategy is reviewed for mitral and tricuspid annuloplasty. This method seems to prevent recurrence of significant tricuspid regurgitation and can be used without development of tricuspid stenosis or negative effect on right ventricular function.

Differences in aortic cusp coaptation between the reimplantation and the remodeling techniques of aortic valve–sparing surgery: An in vitro porcine model study

Daniele Maselli, MD, Luca Weltert, MD, Raffaele Scaffa, MD, Saverio Nardella, MD, Lorenzo Guerrieri Wolf, MD, and Ruggero De Paulis, MD, Rome, Italy

In the same aortic root, transition from the reimplantation to the remodeling type of aortic valve–sparing surgery results in significant increases in aortic root dimensions and in significant reductions in effective height and coaptation height, suggesting a less satisfactory result with the latter technique.

Effects of the side of arteriovenous fistula on outcomes after coronary artery bypass surgery in hemodialysis-dependent patients

Yoshiyuki Takami, MD, Kazuyoshi Tajima, MD, Wataru Kato, MD, Kei Fujii, MD, Makoto Hibino, MD, Hisaaki Munakata, MD, and Yoshimasa Sakai, MD, Nagoya, Japan

Data from 155 dialysis-dependent patients revealed that revascularization of the left anterior descending artery using the in situ internal thoracic artery ipsilateral to the arteriovenous fistula increases neither the operative mortality nor the risks of late death and cardiac events after isolated coronary artery bypass grafting.

(continued on page 15A)
625  Cavoaortic shunt improves hemodynamics with preserved oxygen delivery in experimental right ventricular failure during left ventricular assist device therapy
Per Vikholm, MD, Petter Schiller, MD, Jakob Johansson, MD, PhD, and Laila Hellgren, MD, PhD, Uppsala, Sweden

A cavoaortic shunt included in the LVAD was evaluated at right ventricular failure by coronary ligation in pigs. Right atrial pressure decreased and mean arterial pressure, cardiac output, and oxygen delivery were improved with the shunt. A shunt combined with the LVAD improved hemodynamics and preserved oxygen delivery.

632  Is the second internal thoracic artery better than the radial artery in total arterial off-pump coronary artery bypass grafting? A propensity score–matched follow-up study
Daniel Navia, MD, Mariano Vrancic, MD, Fernando Piccinini, MD, Mariano Camporrotondo, MD, Jorge Thierer, MD, Christian Gil, MD, and Mariano Benzadon, MD, Buenos Aires, Argentina

A consecutive series of 1700 patients undergoing OPCAB, receiving the RA or RITA as a second graft for TAR, between 2003 and 2010 were studied. A propensity score–matched analysis was performed to compare the 2 groups, BITA and LITA-RA, relative to overall survival, morbidity, and combined end points event–free survival.

639  Treatment strategies for left subclavian artery during total arch replacement combined with stented elephant trunk implantation
Zhenghua Xiao, MD, Wei Meng, MD, Da Zhu, MD, Yingqiang Guo, MD, and Eryong Zhang, MD, Sichuan, Republic of China

A total of 33 patients with acute Stanford type A aortic dissection underwent total arch replacement performed using the left subclavian artery bypass technique. This technique is reliable, can make the surgical field superficial, and can decrease the difficulty of graft-aorta anastomosis.

644  Alternative access options for transcatheter aortic valve replacement in patients with no conventional access and chest pathology
Adil H. Al Kindi, MD, Khaled F. Salhab, MD, Eric E. Roselli, MD, Samir Kapadia, MD, E. Murat Tuzcu, MD, and Lars G. Svensson, MD, PhD, Cleveland, Ohio, and Muscat, Oman

With the use of currently available technologies, we performed transcatheter aortic valve replacement by direct cannulation of the ascending aorta or the subclavian artery via mini-incisions. These alternative approaches are technically feasible and carry a low risk. Such options should be used in patients with poor peripheral access and chest pathology.

652  Trends in aortic clamp use during coronary artery bypass surgery: Effect of aortic clamping strategies on neurologic outcomes
William T. Daniel III, BS, Patrick Kilgo, MS, John D. Puskas, MD, Vinod H. Thourani, MD, Omar M. Lattof, MD, PhD, Robert A. Guyton, MD, and Michael E. Halkos, MD, MSc, Atlanta, Ga

The purpose of the present study was to determine the effect of different clamping strategies during CABG on the incidence of postoperative stroke. Patients undergoing the double clamp on-pump technique were 2.5 times more likely to have a postoperative stroke than those undergoing the single clamp technique. No difference was seen within the off-pump techniques.

(continued on page 16A)
658  Perioperative mechanical circulatory support in children: An analysis of the Society of Thoracic Surgeons Congenital Heart Surgery Database
Christopher E. Mascio, MD, Erle H. Austin III, MD, Jeffrey P. Jacobs, MD, Marshall L. Jacobs, MD, Amelia S. Wallace, BS, MPH, Xia He, BS, MS, and Sara K. Pasquali, MD, Louisville, Ky; Tampa and Orlando, Fla; Baltimore, Md; Durham, NC; and Ann Arbor, Mich

Multicenter MCS outcomes data in pediatric heart surgery are limited. Of 96,596 STS database operations (80 institutions), the MCS rates were greatest for the Norwood and complex biventricular operations. MCS-associated in-hospital mortality was 53.2% overall and was >70% for some operations. The MCS rates varied by 15-fold across hospitals.

666  Assessing surgical risk for adults with congenital heart disease: Are pediatric scoring systems appropriate?
Brian Kogon, MD, and Matthew Oster, MD, MPH, Atlanta, Ga

Patients with congenital heart disease are frequently surviving into adulthood, and many of them will require surgery. Pediatric risk scoring systems such as Aristotle, STAT, and RACHS-1 scoring systems can predict mortality, major adverse events, and prolonged length of stay in adult patients undergoing congenital surgery.

672  Outcomes of systemic to pulmonary artery shunts in patients weighing less than 3 kg: Analysis of shunt type, size, and surgical approach
John W. Myers, BS, Nancy S. Ghanayem, MD, Yumei Cao, PhD, Pippa Simpson, PhD, Katie Trapp, BS, Michael E. Mitchell, MD, James S. Tweddell, MD, and Ronald K. Woods, MD, PhD, Milwaukee, Wis

In neonates weighing less than 3 kg undergoing systemic to pulmonary artery shunts, survival to next palliation or repair was good. Shunt reintervention was common for 3-mm shunts.

678  Incidence and treatment of chylothorax after cardiac surgery in children: Analysis of a large multi-institution database
Carlos M. Mery, MD, MPH, Brady S. Moffett, PharmD, MPH, Muhammad S. Khan, MD, Wei Zhang, PhD, Francisco A. Guzmán-Pruneda, MD, Charles D. Fraser, Jr, MD, and Antonio G. Cabrera, MD, Houston, Tex, and Cincinnati, Ohio

The overall incidence of chylothorax after pediatric cardiac surgery in a large multi-institution database was 2.8%. Incidence increased with lower age, higher procedure complexity, and lower annual hospital volume. The development of chylothorax was associated with longer hospital stay, higher hospital mortality, and increased hospital cost.

687  Evolving strategies for preserving the pulmonary valve during early repair of tetralogy of Fallot: Mid-term results
Vladimiro L. Vida, MD, PhD, Alvise Guariento, MD, Biagio Castaldi, MD, Matteo Sambugaro, MPH, Massimo A. Padalino, MD, PhD, Ornella Milanesi, MD, and Giovanni Stellin, MD, Padua, Italy

Preservation of the integrity of the PV annulus and PV function can be achieved in selected patients undergoing repair of TOF in early infancy by balloon dilation of the PV annulus. PV preservation enhances standard early transatrial/transpulmonary repair of TOF by preserving both PV and right ventricular function in the mid-term.
The use of the Berlin Heart EXCOR in patients with functional single ventricle
Samuel Weinstein, MD, MBA, Ricardo Bello, MD, PhD, Christian Pizarro, MD, Francis Fynn-Thompson, MD, James Kirklin, MD, Kristine Guleserian, MD, Ronald Woods, MD, Christine Tjossem, BS, Robert Kroslovitz, Patricia Friedmann, and Robert Jaquiss, MD, New York, NY; Wilmington, Del; Boston, Mass; Birmingham, Ala; Dallas and The Woodlands, Tex; Milwaukee, Wis; and Durham, NC

Eleven of 26 children with single ventricle treated with the Berlin Heart EXCOR VAD for cardiac failure were successfully bridged to transplantation (42.3%) versus 72.5% of biventricular patients treated over the same time period ($P = .001$). Fifty-nine percent of patients with partial or total cavopulmonary circulations survived to transplant, but only 1 of 9 patients survived following neonatal palliation.

Bilateral pulmonary arterial banding results in an increased need for subsequent pulmonary artery interventions
Ryan R. Davies, MD, Wolfgang A. Radtke, MD, Dore Klenk, CRT-NPS, and Christian Pizarro, MD, Wilmington, Del, and Philadelphia, Pa

The impact of bPAB on pulmonary arterial growth and interventions is unclear. We found that patients with bPABs needed more and earlier interventions. Smaller band size and longer bPAB duration were associated with a higher rate of interventions. Hemodynamics and PA size and growth were unaffected.

Results of elective repair at 6 months or younger in 277 patients with tetralogy of Fallot: A 14-year experience at a single center
Roxanne E. Kirsch, MD, Andrew C. Glatz, MD, MSCE, J. William Gaynor, MD, Susan C. Nicolson, MD, Thomas L. Spray, MD, Gil Wernovsky, MD, and Geoffrey L. Bird, MD, Philadelphia, Pa

This single-center retrospective cohort of 277 patients undergoing repair of tetralogy of Fallot at 6 months or younger showed zero mortality and low morbidity. Hospitalization was short for most patients. Lower weight, longer support times, chromosomal abnormalities, and presence of a complication were associated with a significantly longer hospital stay.

Home monitoring program reduces interstage mortality after the modified Norwood procedure
Stephanie L. Siehr, MD, Jana K. Norris, NP, Julie A. Bushnell, NP, Chandra Ramamoorthy, MD, V. Mohan Reddy, MD, Frank L. Hanley, MD, and Gail E. Wright, MD, Palo Alto, Calif

An interstage home monitoring program was established to reduce mortality; 46 Norwood procedure patients were enrolled. Seventeen patients (37%) required interstage interventions: 8 patients (17%) required major interventions: conduit stenting, aortic arch balloon angioplasty, emergent shunt, or early Glenn surgery. Interstage mortality was reduced from 7% to 0%.

Transitioning from video-assisted thoracic surgical lobectomy to robotics for lung cancer: Are there outcomes advantages?
Benjamin E. Lee, MD, Robert J. Korst, MD, Elaine Kletzman, PA, and John R. Rutledge, MAS, Ridgewood and Paramus, NJ

The aim of this study was to determine any advantages in transitioning a trained VATS lobectomy surgeon to robotic lobectomy; no significant advantages based on clinical outcomes were found.
Long-term outcome after laparoscopic myotomy for achalasia

Pradheep Krishnamohan, MD, Mark S. Allen, MD, K. Robert Shen, MD, Dennis A. Wigle, MD, Francis C. Nichols III, MD, Stephen D. Cassivi, MD, William S. Harmsen, MS, and Claude Deschamps, MD, Rochester, Minn

We reviewed 500 consecutive patients who underwent laparoscopic myotomy for achalasia. Patients were sent a standardized dysphagia questionnaire a median of 77.5 months after surgery. At follow-up, one-third of patients had no swallowing complaints. Patients older than age 65 years tended to have a better outcome.

Marginal pulmonary function should not preclude lobectomy in selected patients with non–small cell lung cancer

Matthew D. Taylor, MD, Damien J. LaPar, MSc, MD, James M. Isbell, MD, MSCI, Benjamin D. Kozower, MD, MPH, Christine L. Lau, MD, MBA, and David R. Jones, MD, Charlottesville, Va, and New York, NY

Clinical trials are investigating the role of stereotactic body radiation versus sublobar for patients with non–small cell lung carcinoma and marginal pulmonary function tests. Using 2 classifications for marginal pulmonary function tests, we demonstrated that marginal pulmonary function test status is not an independent predictor of mortality or major morbidity in selected patients undergoing lobectomy for non–small cell lung carcinoma.

Patterns of survival and recurrence after surgical treatment of early stage non–small cell lung carcinoma in the ACOSOG Z0030 (ALLIANCE) trial

Stacey Su, MD, Walter J. Scott, MD, Mark S. Allen, MD, Gail E. Darling, MD, Paul A. Decker, MS, Robert J. McKenna, MD, and Bryan F. Meyers, MD, Philadelphia, Pa; Rochester, Minn; Toronto, Ontario, Canada; Los Angeles, Calif; and St Louis, Mo

Recurrence-free and overall survival following surgical treatment of early stage lung cancer from the ACOSOG Z0030 (Alliance) trial serve as benchmarks against which the outcomes of ablative techniques such as stereotactic body radiation therapy must be compared.

Sublobar resection is equivalent to lobectomy for clinical stage 1A lung cancer in solid nodules

Nasser K. Altorki, MD, Rowena Yip, MPH, Takaomi Hanaoka, MD, Thomas Bauer, MD, Ralph Aye, MD, Lesile Kohman, MD, Barry Sheppard, MD, Richard Thurer, MD, Shahriryour Andaz, MD, Michael Smith, MD, William Mayfield, MD, Fred Grannis, MD, Robert Korst, MD, Harvey Pass, MD, Michaela Straznicka, MD, Raja Flores, MD, and Claudia I. Henschke, PhD, MD, for the I-ELCAP Investigators, New York, Syracuse, and Long Island, NY; Nagano, Japan; Newark, Del; Seattle, Wash; San Mateo, Duarte, and Concord, Calif; Miami, Fla; Atlanta and Marietta, Ga; and Paramus, NJ

Patients with clinical stage 1A lung cancer treated by lobar (n = 294) or sublobar (n = 53) resection had equivalent 10-year Kaplan–Meier survival (85% vs 86%, P = .86). Cox regression based on 2 approaches using propensity scores (P = .62 and P = .79) confirmed the equivalence of sublobar resection with lobectomy.

Endoscopic ultrasound is inadequate to determine which T1/T2 esophageal tumors are candidates for endoluminal therapies

Edward J. Bergeron, MD, Jules Lin, MD, Andrew C. Chang, MD, Mark B. Orringer, MD, and Rishinda M. Reddy, MD, Ann Arbor, Mich

Esophageal endoscopic ultrasound is used to stage esophageal cancer and is used to choose endoluminal therapies for early stage cancers. We evaluated 107 early stage cancers that were resected by esophagectomy. The sensitivity and specificity of endoscopic ultrasound for determining true pathologic staging and lymph node involvement are poor.
774 Modified in vivo lung perfusion allows for prolonged perfusion without acute lung injury

Pedro Reck dos Santos, MD, Ilker Iskender, MD, Tiago Machuca, MD, David Hwang, MD, Marc dePerrot, MSc, MD, Mingyao Liu, MD, Shaf Keshavjee, MSc, MD, Thomas K. Waddell, MSc, MD, PhD, and Marcelo Cypel, MSc, MD, Toronto, Ontario, Canada

IVLP can potentially enhance the treatment of lung metastases, allowing localized chemotherapy delivery with minimal systemic exposure. In pigs, IVLP was performed for 4 hours using a protective perfusion/ventilation strategy followed by reperfusion for 4 hours. Lung function parameters were stable and no histologic signs of injury were observed.

783 Repair of posterior mitral valve prolapse with a novel leaflet plication clip in an animal model

Eric N. Feins, MD, Haruo Yamauchi, MD, PhD, Gerald R. Marx, MD, Franz P. Freudenthal, MD, Hua Liu, MS, Pedro J. del Nido, MD, and Nikolay V. Vasilyev, MD, Boston, Mass, and La Paz, Bolivia

A technique for minimally invasive mitral valve prolapse repair was developed using a novel leaflet plication clip. The clip selectively plicates the prolapsed leaflet segment, restoring coaptation. This study demonstrates the clip’s ability to repair posterior leaflet mitral valve prolapse in vivo. This device provides an alternative to existing minimally invasive repair techniques.

792 Resveratrol regulates autophagy signaling in chronically ischemic myocardium

Ashraf A. Sabe, MD, Nassrene Y. Elmadhun, MD, Rahul S. Dalal, BS, Michael P. Robich, MD, and Frank W. Sellke, MD, Providence, RI

When optimally regulated, autophagy is thought to be cardioprotective. Resveratrol, a naturally occurring polyphenol found in grapes, is also known to have cardioprotective effects. In a clinically relevant swine model with metabolic syndrome, we found resveratrol to regulate autophagy signaling in the chronically ischemic myocardium.

800 Incidence, dynamics, and prognostic value of acute kidney injury for death after cardiac surgery

Alain Dardashti, MD, Per Ederoth, MD, PhD, Lars Algotsson, MD, PhD, Björn Brondén, MD, PhD, and Henrik Bjarsten, MD, PhD, Lund, Sweden

This study relates long-term mortality after cardiac surgery to different methods of renal measurements using the RIFLE system at different time points during hospital stay. In this large cohort of patients with a median follow-up time of 6 years and by using Cox analysis, the MDRD and Cockroft-Gault method classified more patients in the higher RIFLE classes during patient hospital stay. Renal recovery only in part improved outcome. The conclusions are that, besides the usefulness of the RIFLE system, the MDRD method was the most robust method of prediction long-term outcome, and the poorest renal function during hospital stay was the strongest predictor of outcome. Additionally, renal recovery in general was associated with better outcome.

808 Efficacy of immunomodulation in the treatment of profound thrombocytopenia after adult cardiac surgery

J. Scott Rankin, MD, and Charles W. Stratton, MD, Nashville, Tenn

pT occurring days after adult cardiac surgery is caused by inappropriate autoantibodies producing peripheral platelet deposition. In 20 patients with pT, direct immunologic interventions with intravenous immunoglobulin or plasmapheresis were efficacious in reversing pT with no observed complications. Immunomodulation holds promise for improving the outcomes of patients experiencing pT.
We examined 48 patients who were candidates for lung cancer surgery and assessed the concordance of postoperative forced expiratory volume in 1 second estimated by 2 techniques: ventilation/perfusion scan, the standard procedure, and vibration response imaging, a new technique. We observed good concordance between both techniques.
Thoracic Surgery Foundation for Research and Education and Women in Thoracic Surgery

831 Carolyn E. Reed Traveling Fellowship

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